Uganda – Child Protection Sub-Working Group
Meeting Minutes

Date	*07 May 2020*	Location	*Teams Meeting*
Chair	*Sophie Etzold, Child Protection Officer, UNHCR* *Lisa Zimmermann, CPiE Specialist, UNICEF*	Minutes prepared by	*Julie Bremond, UNICEF*
Participating organizations	Teams Meeting: 23 participants, including UNICEF, UNHCR, Child Fund, AVSI, ALIGHT, ICRC, LWF, War Child Holland, Plan, HI, Street Child, IsraAID, Finn Church Aid, Save the Children.		
Agenda	1. Updates by agencies and from the field CPSWGs 2. Update on mapping and preparedness (Com-based CP, Referral Pathways and Alternative Care mapping) 3. Current Child protection risks/ CP Monitoring 4. Guidelines on remote case management 5. Activity Info and Q1 reporting analysis		

DISCUSSIONS

By Agenda Item	Main Points and Decisions from Discussions	Agreed Action	Responsibility
Updates from agencies and from the field on COVID19 response and CP	**Plan West Nile:** Latrines, soap and other key items were provided to children under the case management system. The last project ended in March and preparations are under way to set up the new project starting soon. **IsraAID:** staff working from home, 20 facilitators; Outreach through phone calls to families of children, have so far reached out to 351 families; Call centre management and conversation skills training given to facilitators; Communication around key health messages, COVD-19 prevention and MHPSS (how to manage children, stress management around children etc), provision of remote MHPSS activities, and referrals. Good feedback from beneficiaries (calls as sign of care). Challenges: high demand for support and lack of accessibility to families who do not have phone numbers. **Save the Children:** continued case management in DRC and SSD response – working with CBS, CPCs and volunteers. Mostly remote support, with some exception for those based in locations who can do limited follow up. Communities have been very responsive to messages shared by volunteers. Staff training completed using guidelines developed on community-based engagement in COVID context. Work with education sector ongoing on tools to help address stress and anxiety among children and help plan their days as part of the education pack. **War Child Holland:** Helpline (Tutapona, 2 CBOs) is up and running, 32 calls regarding children's issues received (14 boys, 18 girls) – child battering, access to medication for children with epilepsy, shortage of food and shelter, immunisation and defilement. Some direct calls by children (incl. on the issue of school teaching by radio – teacher talking too fast and children required to work during radio session for learning). Referrals to partners in settlements are done; provision of direct food support (until the next distribution) for selected children in need; partnership with health partners in different locations to ensure mothers' access to health centres for immunisation **ICRC:** continued RFL activities (10% of overall portfolio) for UASC. Launched risk communication around COVID 19 prevention this week in all settlements, by volunteers on ground, using megaphones in all refugee settlements; continued distribution of certificates in West Nile (53 equated school certificates distributed by Uganda Red Cross volunteers in all settlements); restoration of family links in some selected isolation facilities. Planned assessment on RFL needs in other quarantine centres to intervene where necessary. **Finn Church Aid:** In West Nile, Bidibidi and Moyo and South West Rwamwanja. Combination of learning, ensuring children are reached and receive the learning material, ensuring children remain safe until reopen schools. In all locations: distribution of soap and handwashing facilities (for handwashing at HH level and where education packages are distributed, at distribution points.); Reporting mechanisms are active, focal points receiving cases and referring to local CP structures; Training for teachers		

in preparation for reopening of schools to ensure children are safe when back to school; Megaphones distribution to support community awareness raising through key community workers (f. ex. village education community members sharing information around learning packages and child safeguarding); SOP for staff in touch with community and children to follow to ensure safe implementation (shared with different ministries)

Street child: Primary focus on education, incl. CP in schools. However, focus on case identification and referrals: teacher door to door visits (Teachers are not in school and often have already identified children as high risk); support to Community based structures and CPC.

LWF Adjumani: Most CP staff available, and case workers recalled. Continued case management for critical cases. 15 CP cases registered since April, incl. 3 defilement. All received support (material, police intervention etc). 121 children supported at litigation desk. Ongoing Rapid assessment; provision of basic needs (supplementary food for 6 children, appointment of alternative food collectors as more and more children are presenting themselves to food distributions, their parents being under lockdown in SS or other areas; case workers present during food distributions), especially for children below 10 years. Assessment remains rapid and not all children are receiving the support needed. CPCs helpful in supporting old case load. Most cases workers are settlement based can liaise with community leaders and critical workers to ensure that both new and old critical cases are addressed.

DRC: Increasing number of families and children present awareness of COVID related practices. Concern around increasing duration of the lockdown – support of CPCs crucial, lack of airtime critical. Always focusing on neglect, child abuse at home etc, but in some cases where parents were unavailable for their children, parental care has been seen to improve during the lock down and under restrictions to move. Reaching out and support to children with disabilities or children with less easy access remains a challenge. Overall case management maintained.

ChildFund International: running spot messages on Nile FM - COVID 19 awareness for parents, children and youth 9 times a day.

AVSI: developed IEC materials to help parents, teachers and learners in the home learning era. Developed some guides which includes Sauti 116 and AVSI toll free line numbers. Running jingles and spot messages on NileFM.

UNICEF: Advocacy for child helpline reopening. Receiving calls on daily basis but currently operating on reduced hours (Not 24/7), continued advocacy and work with MGLSD to advocate for 24/7 availability of counsellors.

Discussion: Is the child helpline a useful / relevant tool in the refugee response? Do beneficiaries use it / know about it? If have feedback on how to make it more functioning and relevant to the refugee response – partners are encouraged to contact UNICEF.

SCI has incorporated 116 in all IECs developed and those included in the home learning pack.

Need for having social welfare workforce as critical workers. Situation currently differs across districts. PS from MGLSD sent letter to MoLG to call back all PSWO. Has not trickled down to all districts yet. Not only for them to be working but be facilitated with transport and any need required to do their work.

Discussion: Were you able to engage the government social welfare staff? Was any issue? Where could support be needed at the national level?

UNHCR: Update on roll out of the CP CM tool (V4) Trainings: first round of webinar to start on 13 May. Webinar coming up is targeting case managers and case supervisors - responsible for follow up until case closure.

Additional notes:

- Communication around COVID19 to include CP related messages, beyond health concerns (ICRC to study possibility and give update in next meeting);
- Save the Children also has a CP assessment conducted and will share report once finalized;
- War Child Holland is also preparing a CP Assessment – to be shared soonest;

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Update on mapping and preparedness	**Mapping** - Emergency referral pathways drafted and will be shared with the whole sector as well as Health, WASH and Education sector. Condensed referral pathways should be devised and extensively shared in the field, including with children and communities - Some inputs from field coordination groups are still missing - Those who have finalised the mapping and the outline of community-based referral pathways can go ahead and share the contacts (incl. Child Helpline) with community members to enter the roll out process - Those who have not yet compiled it: complex and time consuming but should work on it to share in the next week. **Alternative Care** - Still awaiting inputs from coordinators in field sections. - Jackline Nyakaisiki reported difficulties in promoting Alternative Care in Nakivale: out of 20 foster parents, only 2 are willing to take children under the current circumstances. Parents fear spread of the disease to their families from foster children. Updates to be shared list when reaches 100 parents.	Compilation of community-based referral pathways to be shared next week. Already finalised community-based referral pathways to be shared where possible	Field coordinators to share inputs All partners
Current Child protection risks/ CP Monitoring	Discussion: Was any assessment on COVID and demonstrated needs in the COVID response for both Humanitarian response and COVID context carried out? Would it require a sector wide assessment? Were new CP risks identified on the field? - SCI has done a CP assessment and will share the report once finalized. - Overall, members see importance but have limited resources. Discussion: What new CP risks were identified (in addition to potential separation from caregivers)? - War Child Holland reported increasing number of unaccompanied children during food distribution due to primary caregiver being under lockdown in South Sudan or other areas. - Neglect and violence has been reported, however, whether a clear increase is to be seen during COVID19 is yet to be explored; FDPs: - It seems that in the operations in SW Uganda more cash-for-food modalities are applied and no steep increase in CP cases at FDPs are identified;	Further assess child protection risks in the field and ensure proper assessment and verification of trends, including on separation; Share results with the group and discuss findings	All partners
Updates on remote case management	- Strong reliance on community-based protection mechanisms; - Guidance will be shared. Feedback on it (and specifically whether all case categories are included) is required from partners by 28 May.	Feedback on draft remote case management guidance by 28 May	UNHCR to share Partners to provide feedback
Presentation from	Presentation (see attached)	Referral pathways to	All members

Humanity and Inclusion (by Youri Francx)	- Big gap in data around people with disabilities, difficult to programme correctly and difficult to plan the monitoring of the risk for these children and adults. - Risk of complication higher because of underlying condition + need of specific support which is affected by social distancing measures (difficult to keep for them). - Information and communication: ¾ people with disability don't receive the services they require (issues of communication for instance use of radio, megaphones), only 5% in Africa finish school (difficult comprehending), people around them do not have the tools to communicate with them - In Uganda, efforts are to be done by CP actors and other humanitarian actors to ensure children with disabilities are reached; some resources were suggested https://www.unicef.org/disabilities/ https://www.unicef.org/disabilities/files/COVID-19_Response_Considerations_for_People_with_disabilities_-_Easy_to_Read.docx Discussion: - How can we strengthen the data around CWD? UNHCR taking steps forward to ensure the next profiling exercise includes the Washington group short set of questions (see: https://www.cdc.gov/nchs/data/washington_group/meeting13/wg13_unicef_child_disability_background.pdf). Toll will be used at all points of registration and profiling exercises will help strengthen the data. Needed to strengthen capacity of CP staff to be aware and to identify children with disabilities, particularly intellectual disability. Profiling exercise will start (currently on hold due to COVID19). - Adapting information and communication to CwD Keep different forms of communication. MoH has given MGLSD responsibility to develop those tools. It was suggested to have sign language translation, easy to read versions of information (very straight forward with a lot images to explain what is said). Examples suggested: Radio messaging for blind people, posters for blind people, sign language (but not so well developed, reassuring for the ones who know it) - Adapting activities to CWD Dept of Special Needs working with Dept of Education – say that they have an adapted pack (will have a home package) Play learning activities for children who can be visited, and help family and the child to see within the package what they can do and how they can do it. Prevention and response activities will have to be reviewed to ensure that CWD are given adequate consideration. Ex: **better reflecting services for CWD in referral pathways**	include services specifically targeting and accessible to CWD	

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Q1 Reporting Analysis	- Some targets for the year were already reached in Q1 - UNHCR/UNICEF will reach out to partner where there was a sharp change in the data to carry out qualitative analysis of the data and trend - UNHCR/UNICEF will share final Q1 report - Reminder on data entry for some indicators – We are looking to capture how many individual children were reached over time (as opposed to how many per month which would be a duplication over time). Therefore partners are requested to report on every child once to allow for cumulative results over time	• UNHCR/UNICEF to reach out to partners with noticeable changes in data • Share Q1 report	• UNHCR/UNICEF • UNHCR
Change of time	- Meeting overlapping with the EIEWG meeting on first Thursday of the month - Maintain bi-weekly meeting 9.30 -11h30am - In June, first Thursday, meeting 11am to 1pm	- Keep the same time and date, changes only when potential monthly clash with EIEWG	
Summary of Action Points	- Finalise community-based referral pathways (including services for CWD) and share with community - Focus on communication around CP in COVID (not only Health) - Share CP assessments carried out - Review Remote Case Management Tool - Reach out to partners with important changes in data for qualitative analysis - Q1 Final Report	• Field Partners • All • SCI to share • UNHCR to share • UNHCR/UNICEF • UNHCR to share	

Next Meeting			
Date	*21 May 2020 (time to be confirmed as it overlaps with the RHPW)*	**Location**	***Teams Meeting***
Chair	*UNHCR/ UNICEF*		